

Funds.

DONOR BEQUEST

Donor Bequest and Will Gift Document

I / We give to the Eas	tern Bay of Plenty Community Founda	tion ("Foundation") the sum of
\$		
Or	(state fraction or percentage)	
of the residue of my e	estate	
-	or has an established Named Endowme of fund) so that it may be dealt with b terms of the fund.	
	he Eastern Bay Community Fund for ge on's Funds, to be used at the discretion o	
	or wishes to specify the purpose(s) to ware ay Community Fund to be used at the d tion for	
() and ()
	debit from this gift the administrative c	
Option D : if the Done gift choose option B	or wishes to be commemorated or to re or C.	member a loved one through the
And I request that the	e said gift shall be known as	
"the		Fund"
which will be operate	ed by the Foundation in accordance with	h its policies for Named Endowmen



DONOR BEQUEST

Sample Clause for Memorandum of Wishes

Upon m	ıy death (or after	we have both died) it is my (our) wish that you p	ay or transfer
\$	or	% of my (our) net assets to the Eastern Ba	y of
Plenty (Community Four	ndation to be paid into "(name of fund) Fund"
which w	e have establish	ed, so that it may be dealt with by the Trustees o	f the Foundation in
accorda	nce with the ter	ms of that Fund.	
Donor's	full name(s) and	l address:	
Phone:	()	Email:	
Date of	Birth:		

Ongoing Liaison

The Eastern Bay Community Foundation will provide ongoing liaison as follows:

- a) While I am / either of us is living: An annual written report telling how much was distributed and to whom (if appropriate).
- b) When I / both of us have died: An annual written report to my executors (or anyone nominated by my executors) telling how much was distributed and to whom, for as long as they want to receive this information

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Sample Clause for Memorandum of Wishes

- a) I / We acknowledge that my / our intention as to who the beneficiaries are to be may change in the future. I / We therefore reserve the right to notify you from time to time of any such changes.
- b) I / We acknowledge that where I / we have referred to distribution of income, this refers to however much of the fund that the Trustees of the Foundation decide to distribute that year in accordance with the Foundation's policies.
- c) Where I / we have specified a particular beneficiary, if in the judgment of the Trustees of the Foundation that beneficiary ceases to meet the legal tests of being a charitable purpose, I/we ask that the Foundation distribute what would have gone to that beneficiary to another charitable beneficiary (or beneficiaries) which has purposes and objectives similar to those of the intended beneficiary as at the time of this document.
- d) If in the judgment of the Trustees of the Foundation, circumstances have so changed since this agreement was signed, that strict compliance with this Memorandum is undesirable, impractical, or impossible, I / we agree that the Trustees may direct the distributions from the Fund to such charitable purpose they think best, considering my / our expressed wishes.
- e) If I / we have specified a particular beneficiary or activity that does not meet the technical requirements of a charitable purpose, I / we ask that the Foundation do what it can to achieve our objective while still meeting the Foundation's own legal obligations as a charitable trust.
- f) I / We acknowledge that the Eastern Bay Community Foundation will charge an administration fee each year. The amount will be debited to the capital of the Endowment Fund. At this time the annual donation is set at 1.5% of the capital in the Endowment Fund but I / we acknowledge that this may be varied from time to time by the Trustees of the Foundation

EASTERN BAY COMMUNITY FOUNDATION REGISTERED CHARITY NUMBER: CC42087

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Authorisation for Name Disclosure

The Eastern Bay Community Foundation appreciates being able to list its donors in various ways, to encourage support amongst the community.

It can be very encouraging for people to see donors listed whom they know and respect.

However, we appreciate this can be a very delicate subject for some people and we will only list names where we have been given authority to do so.

Yes, I am / we are happy for my / our name(s) to be listed in various advertising and marketing formats
No, I / we wish to remain anonymous

Full Name of Donor:

Date:

Full Name of Donor:

Signature:

Signature:

When you have completed this form, please return or email to:
Eastern Bay Community Foundation
15 George Street, Whakatane
P.O. Box 435, Whakatane 3158
admin@easternbaycommunityfoundation.nz

Date: